

of between 100 and 250 mg/day.

7. (Original) The method of claim 1 wherein the inhibitor is administered two or more times per day.

8. (Canceled)

9. (Canceled)

10. (Previously Presented) The method of claim 1 wherein the norepinephrine (NE)-serotonin (5-HT) reuptake inhibitor (NSRI) comprises at least two of milnacipran, sibutramine, and an aminocyclopropane derivative.

11. (Withdrawn) The method of claim 1 wherein the inhibitor is a triple reuptake inhibitor blocking uptake of serotonin, noradrenaline, and dopamine.

12. (Previously Presented) The method of claim 1 wherein the DSP comprises atypical depression and either chronic pain or neuropathic pain.

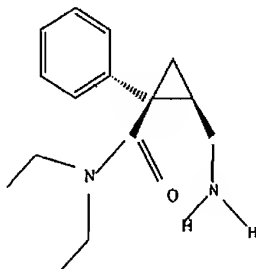
13. (Previously Presented) The method of claim 12 wherein the DSP comprises chronic pain selected from the group consisting of lower back pain, atypical chest pain, headache, pelvic pain, myofascial face pain, abdominal pain, neck pain and chronic pain caused by a disease or condition.

14. (Currently amended) A method of treating ~~or preventing~~ atypical depression secondary to pain (DSP) in an individual suffering from DSP ~~or at risk thereof~~, which comprises administering to the individual an effective amount of a dual norepinephrine serotonin reuptake inhibitor (NSRI) or triple reuptake inhibitor (TRI) selected from milnacipran, bicipadine, sibutramine, venlafaxine, duloxetine, and pharmaceutically acceptable salts thereof, to alleviate ~~or prevent~~ at least one symptom of atypical depression, wherein the DSP comprises atypical depression characterized by mood reactivity and neurovegetative symptoms present for more than about two weeks.

Listing of the Claims

This listing of claims replaces all prior versions, and listings, of claims in this application.

1. (Currently amended) A method of treating ~~or preventing~~ atypical depression secondary to pain (DSP) in an individual suffering from DSP ~~or at risk thereof~~, which comprises administering to the individual an effective amount of a dual norepinephrine serotonin reuptake inhibitor (NSRI) or triple reuptake inhibitor (TRI) to alleviate ~~or prevent~~ at least one symptom of atypical depression.
2. (Previously Presented) The method of claim 1 wherein the NSRI has an NE: 5-HT reuptake inhibition ratio of about 1:1 to about 50:1.
3. (Previously Presented) The method of claim 1 wherein the NSRI has an NE: 5-HT reuptake inhibition ratio of about 1:1 to about 20:1.
4. (Previously Presented) The method of claim 1 wherein the norepinephrine (NE)-serotonin (5-HT) reuptake inhibitor (NSRI) is milnacipran:



or stereoisomeric forms, mixtures of stereoisomeric forms, metabolites, or pharmaceutically acceptable salts thereof.

5. (Original) The method of claim 4 wherein the milnacipran is administered at a dosage of between 100 and 400 mg/day.
6. (Original) The method of claim 4 wherein the milnacipran is administered at a dosage

15-18. (Canceled)

19. (New) The method of claim 14, wherein the dual norepinephrine serotonin reuptake inhibitor (NSRI) is milnacipran, or a pharmaceutically acceptable salt thereof.

20. (New) A method of treating atypical depression secondary to pain (DSP) in an individual suffering from DSP, which comprises administering to the individual an effective amount of milnacipran, or a pharmaceutically acceptable salt thereof, in combination with one or more active compounds selected from antidepressants, analgesics, muscle relaxants, anorectics, stimulants, antiepileptic drugs, sedatives, hypnotics, and combinations thereof.

21 (New) The method of claim 20, wherein the one or more active compounds is selected from neurontin, pregablin, pramipexole, L-DOPA, amphetamine, tizanidine, clonidine, tramadol, morphine, codeine, tricyclic antidepressants, cambamazepine, sibutramine, valium, trazodone, and combinations thereof.